

# Statement of Organization - Candidate Committee

Amendment

☐ Yes ☐ No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

## 1. Committee Information

a. Full Name	STEVE WRAY FOR SCHOOL BOARD Johnny Stephen Wray	c. ID Number	
b. Mailing Address (include City, State and Zip Code)	P O BOX 1710 Shallotte NC 28459	d. Date Organized	12/29/2015
		e. Phone Number	910-754-5336

## 2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name	Johnny Stephen Wray	e. Candidate ID Number	4DFN13	f. Party Affiliation	910 (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	SAME AS ABOVE	g. Office Sought	School Board		
c. Phone Number	910-754-5336	d. Email Address	jswray@atmc.net	h. Next Election Year	2016
<input type="checkbox"/> Email copy of notices		i. Jurisdiction			

## 3. Treasurer Information

a. Full Name	Johnny Stephen Wray
b. Mailing Address (include City, State, and Zip Code)	P O BOX 1710 SHALLOTTE NC 28459
c. Phone Number	910-754-5336
d. Email Address	jswray@atmc.net

## 4. Custodian of Books Information

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	
c. Phone Number	
d. Email Address	

I prefer to receive notices by email ☒ Yes ☐ No☐ Email copy of notices

## 5. Assistant Treasurer Information

☐ Add ☐ Remove

a. Full Name	
b. Mailing Address (include City, State, and Zip Code)	

## 6. Account Information (incl. CRO-3500)

☐ Add ☐ Remove

BB + T

b. Purpose

CAMPAIGN COMMITTEE

☐ Email copy of notices

c. Phone Number

d. Email Address

c. Account Code

d. Type

6947

CHECKING

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.

Johnny Stephen Wray

Printed Name of Signer

Johnny Stephen Wray

Signature of Appointed Treasurer

12/29/2015

Date



North Carolina  
State Board of Elections

441 N Harrington Street  
Raleigh, NC 27603

Kim Westbrook Strach  
Executive Director

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173

**Certification of Threshold**

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Committee Name:

STEVE WRAY for School Board

Treasurer Name:

J. Stephen Wray

Treasurer Address:

P O Box 1710

(include city, state, & zip)

Shallotte NC 28459

Treasurer Phone:

910-754-5336

Check One:

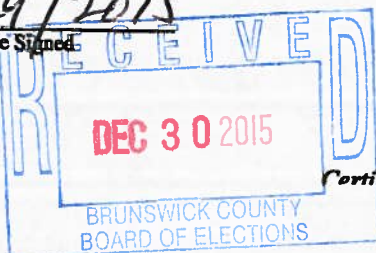
☒ I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

☒ I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

12/29/2015  
Date Signed

J. Stephen Wray  
Signature







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**Certification of Treasurer**

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

**FILED BY:**

Candidate Name:

"STEVE WRAY"  
Johnny Stephen Wray

Treasurer Name:

Johnny Stephen Wray

Treasurer Address:

P O Box 1710

(include city, state, & zip)

Shallotte NC 28459

Treasurer Phone:

910-754-5336

910-471-6914

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

12/29/2015  
Date Signed

Johnny Stephen Wray  
Signature of Candidate

CRO-3100

DEC 30 2015

Certification of Treasurer

July 2014

